

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020288

Entity Name: V & N HOMES, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

8362 PINES BLVD., STE. 427
PEMBROKE PINES, FL 33024

New Principal Place of Business:

8362 PINES BLVD.
#427
PEMBROKE PINES, FL 33024

Current Mailing Address:

8362 PINES BLVD., STE. 427
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 74-3049263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF BAKALAR & TOPOUZIS
450 NORTH PARK ROAD
SUITE 410
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOYER, VINCENT
Address: PMB #1023, 8201 PETERS ROAD SUITE 1000
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: LOUTAN, NEIL
Address: PMB #1023, 8201 PETERS ROAD SUITE 1000
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOYER, VINCENT
Address: 8362 PINES BLVD #427
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM (X) Change () Addition
Name: LOUTAN, NEIL
Address: 8362 PINES BLVD #427
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VINCENT MOYER

MGRM

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date